

PEST CONTROL DEALER BUSINESS LICENSE PACKET

Contains the following documents:

- Application & Instructions
- Fact Sheet
- Visa/Mastercard Transaction Form
- Customer Service Survey Form

Retain for your information

Do You Need This License?

If you are a person, manufacturer, distributor, or retailer who, including, but not limited to, sells pesticides, methods or devices for the control of agricultural pests, solicits sales of pest control through recommendations made by your field representatives, or sells restricted use pesticides to users, you must possess a **pest control dealer license**. The definition of agricultural use will help you to decide whether you need a pest control dealer license or not. California's definition includes, but is not limited to, commercial production of animals or plants, golf courses, parks, cemeteries, roadsides, power line rights-of-way, and nurseries.

Registrants who sell their own pesticide products and licensed pesticide brokers are excluded from this license requirement if they do not sell directly to the end user.

Basic Licensing Requirements

A pest control dealer license is obtained by submitting an application, the following supporting business information and documents, and the appropriate fee. The following criteria must be met prior to issuance of a license:

- **Qualified Person:** You must have at least one person in a supervisory position who is actively responsible for the operation of the dealership who holds a valid pest control dealer designated agent license, agricultural pest control adviser license, pest control aircraft pilot certificate, or a qualified applicator license (QAL) at each principle and branch location [Food and Agricultural Code (FAC) section 12101.5]. Please state the name of the qualified person, their certificate/license number and category on the application form submitted.
- Documents are required to verify the name and type of business (FAC section 12103):
 1. "Fictitious Business Name Statement" from the County Clerk's or County Recorder's Office. This applies to any business operating under a fictitious name. DPR requires a copy of the fictitious business name statement that was filed with the County Clerk's or County Recorder's Office.
 2. "Certificate of Good Standing" document from the California Secretary of State's Office [FAC section 11702(a)]: This applies to any domestic or foreign corporation operating in California. The corporation must be registered with the California Secretary of State's Office. DPR requires a copy of the certificate. See the Secretary of State's web site at: www.ss.ca.gov/business/business.htm for registration information.
- **Worker's Compensation Insurance:** Each applicant, who is an employer as defined in Section 3300 of the Labor Code, is required to carry worker's compensation insurance. Please state the

carrier's name, policy number, and the expiration date of policy on the application where indicated. If your business has no employees, write "note applicable".

Once You've Become Licensed

You must:

- Maintain records of all purchases, sales, and distributions of pesticides, including those at branch offices, for four years at the principle place of business. You must report to the Director, the total dollars of sales and total pounds or gallons sold into, or within, California of pesticides intended for agricultural use on a quarterly basis.
- If the registrant has not paid the mill assessment, the pesticide broker or pest control dealer must pay the quarterly assessment to the Director of the DPR [FAC section 12406(b)].
- Report to the Director purchases from other than licensed dealers or registrants on an annual basis.
- Retain agricultural pest control adviser's written recommendations for two years.
- Retain restricted material permits and operator identification statements records for two years.
- Retain QAL, Qualified Applicator Certificate and Private Applicator Certificate numbers and pest control category(ies) received from purchasers when the operator identification number certificate was not required.
- Obtain a copy of the ship vessel registration for tributyltin purchases.
- Retain ground water protection statements.

Licensing, Renewal, and Other Fees

Application Fee

If you are applying for a pest control dealer license, the fee is \$160.00 per calendar year (3CCR section 6502), plus \$80.00 per branch office location. The license fee is based upon the licensing cycle provided below. For example, if the business applied for a license under the name "Pest Control Dealer Corporation" in January 2004, it would expire on December 31, 2005 and the fee for the license would be \$320.00. "Best Pest Control Dealers" would expire December 31, 2004 and the fee for the license would be \$160.00. **Note:** The pest control dealer license will not be issued unless the business has a qualified person and meets the business and the worker's compensation insurance requirements as indicated in the "Basic Licensing Requirements".

- The license of businesses with names beginning with **A** through **L** expire on December 31 of even-numbered years (i.e., 2004, 2006, 2008, etc.)
- The license of businesses with names beginning with **M** through **Z** expire on December 31 of odd-numbered years (i.e., 2005, 2007, 2009, etc.)

License Renewal Fee

The license renewal fee is \$160 per calendar year, to be paid to DPR every two (2) years for a total cost of \$320 (3CCR section 6502). The branch fee per calendar year is \$80.00, to be paid every two years for a total of \$160.00. The two-year license renewal fee is not prorated if the license is renewed late.

Note: The pest control dealer license will not be issued unless the business has a qualified person and meets the business and the worker's compensation insurance requirements as indicated in the "Basic Licensing Requirements".

Late Renewal Fee

A late fee of fifty percent (50%) of the total renewal fee will be assessed for each license postmarked after December 31 of the expiration year.

Name/Address Change and Duplicate/Replacement Fees

A fee of \$20 is required for name changes, as well as requests for a duplicate or replacement license. DPR will not issue a new license when an address change is received unless requested by the qualified person and accompanied by the \$20 fee. A maximum fee of \$20 is required for all name and/or address changes or requests for a duplicate or replacement license **when submitted on a single application form.**

Every person to whom a license is issued must notify the Licensing and Certification Office in writing of any name and/or address change (3CCR section 6508).

- Legal documents certifying the name change and a fee of \$20 are required in order to make a name change. A new license will be automatically issued for all name changes.
- The change of name and address requirement form is available on DPR's website at <http://www.cdpr.ca.gov/docs/license/lcforms.htm> or by calling (916) 445-4038. A \$20 fee for an address change is **only** required when the licensee requests a new license.

General Information

Timelines for Processing Applications

DPR has established time periods for processing permit applications, in compliance with Government Code sections 15374-15378. DPR may take up to 100 days to complete the processing of this application. Failure to comply with these time periods may be appealed to the Agency Secretary, California Environmental Protection Agency, P.O. Box 2815, 1001 I Street, Sacramento, California 95814, pursuant to regulations set forth in 3CCR section 301. Under certain circumstances, the Agency Secretary may order that the applicant receive a reimbursement of filing fees.

License Duration

A new license may be issued for a maximum of two years. The license duration is dependant on the date the license was issued and the renewal cycle. Each renewed license is valid for two (2) years unless renewed late.

The Most Common Mistakes and How to Avoid Them

The most common application errors made are incorrect fees, no insurance documents or the insurance documents submitted do not meet our requirements, business type information is not provided, or a qualified person is not listed. You can avoid these errors by reading the application instructions carefully and mailing your application to DPR on or before the expiration date of the license. If you have questions regarding any of this information, call for assistance.

DPR Licensing and Certification Location

Department of Pesticide Regulation
Pest Management and Licensing Branch
Licensing and Certification Program
P.O. Box 4015
Sacramento, CA 95812-4015
1001 I Street
Sacramento, CA 95814-2828

Questions

Call: (916) 445-4054
Email: license-dlr@cdpr.ca.gov

PEST CONTROL DEALER LICENSE APPLICATION

PR-PML-041 (REV. 9/04)

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1001 I STREET

SACRAMENTO, CALIFORNIA 95814-2828

(916) 445-4038

FAX - (916) 445-4033

Web site: <http://www.cdpr.ca.gov/>**A. Application Type.** Check the appropriate box(es).

<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> NAME / ADDRESS CHANGE	<input type="checkbox"/> OTHER (Specify) _____
<input type="checkbox"/> ADD BRANCH LOCATION	<input type="checkbox"/> DUPLICATE / REPLACEMENT LICENSE	BUSINESS LICENSE # _____

B. Business Information (Main Location). Please print or type.

BUSINESS NAME

EMAIL ADDRESS	FAX NUMBER ()	TELEPHONE NUMBER ()
BUSINESS MAILING ADDRESS (Number and Street or P.O. Box Number)	(City)	(State) (ZIP Code)
BUSINESS LOCATION ADDRESS (Number and Street)	(City)	(State) (ZIP Code)

BUSINESS TYPE (Check only one box.) See instructions for documentation requirements.

<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> NON-PROFIT ASSOCIATION	<input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP	

C. Former Business Name. Enter former business name below.

FORMER BUSINESS NAME

D. Business Officers or Owners. Attach additional sheet if necessary.

1) NAME	TITLE
MAILING ADDRESS (Number and Street or P.O. Box Number)	(City) (State) (ZIP Code)
2) NAME	TITLE
MAILING ADDRESS (Number and Street or P.O. Box Number)	(City) (State) (ZIP Code)

E. Branch Locations. Attach additional sheet if necessary.

1) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
2) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
3) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)

F. Qualified Person. Each business location must have a qualified person, who possess a valid license or certification in the following: Pest Control Dealer Designated Agent License, Agricultural Pest Control Adviser License, Qualified Applicator License, or Pest Control Aircraft Certificate. The qualified person is responsible for the operations of the pest control dealer business. Attach additional sheet if necessary.

1) QUALIFIED PERSON'S NAME	TYPE OF LICENSE/PILOT CERTIFICATE	LICENSE/PILOT CERT. NUMBER	EXPIRATION DATE
BUSINESS LOCATION ADDRESS (Number and Street)	(City)	(State)	(ZIP Code)
2) QUALIFIED PERSON'S NAME	TYPE OF LICENSE/PILOT CERTIFICATE	LICENSE/PILOT CERT. NUMBER	EXPIRATION DATE
BUSINESS LOCATION ADDRESS (Number and Street)	(City)	(State)	(ZIP Code)
3) QUALIFIED PERSON'S NAME	TYPE OF LICENSE/PILOT CERTIFICATE	LICENSE/PILOT CERT. NUMBER	EXPIRATION DATE
BUSINESS LOCATION ADDRESS (Number and Street)	(City)	(State)	(ZIP Code)

Application Continued on Reverse Side

PEST CONTROL DEALER LICENSE APPLICATION

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G. Pest Control Dealer Type.

Indicate the type(s) of pest control methods/devices or pesticides your business will be selling by checking the appropriate box(es) below.

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Agricultural Use Pesticides Only | <input type="checkbox"/> Tributyltin | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Restricted Use Pesticides Only (Either California or Federal) | <input type="checkbox"/> Livestock/Poultry Pesticides | |
| <input type="checkbox"/> Both Agricultural Use and Restricted Use Pesticides | <input type="checkbox"/> Biological Control Agents | |

H. Worker's Compensation Insurance. Each applicant who is an employer, as defined in Section 3300 of the Labor Code, is required to carry worker's compensation insurance. If your business has no employees, write "Not Applicable" below.

WORKER'S COMPENSATION INSURANCE CARRIER NAME	POLICY NUMBER	EXPIRATION DATE
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I. Fees. All fees are non-transferable and non-refundable.

	1-Year		2-Year		#Branches		Total Fees
Main Location	<input type="checkbox"/> \$160	or	<input type="checkbox"/> \$320		--	=	\$ _____
Branch Location	<input type="checkbox"/> \$80	or	<input type="checkbox"/> \$160	x	_____	=	\$ _____
Name/Address Change, Duplicate/Replacement Fee	<input type="checkbox"/> \$20			x	_____	=	\$ _____
Total Fee(s) Due/Enclosed							\$ _____

Enclose a check, money order or credit card payment for the total amount due payable to: Cashier, Department of Pesticide Regulation. Mail your completed application, required documentation, and fees to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

J. Read Before Signing. During the last three years, have you had any administrative, civil, or criminal action taken against you for violation of any State or federal laws or regulations relating to the application or use of pesticides that resulted in disciplinary actions or in which any disciplinary action is pending?

☐ YES (State explanation below.) ☐ NO

K. I declare under penalty of perjury, under laws of the State of California, that the above information is true and correct.

APPLICANT SIGNATURE	DATE SIGNED
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FOR OFFICIAL USE ONLY	LICENSE NUMBER	COMPUTER ENTRY DATE	RC RECEIVED AND DATE
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PEST CONTROL DEALER LICENSE APPLICATION INSTRUCTIONS

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- A. **Application Type.** Check the appropriate box(es).
- ☐ **New Application:** If you are applying for the Pest Control Dealer License for the first time.
 - ☐ **Add Branch Location:** Adding a pest control dealer branch location to your license.
 - ☐ **Duplicate/Replacement License:** Requesting a duplicate or replacement license.
 - ☐ **Name/Address Change:** Requesting name/address changes. Submit a copy of the legal document substantiating the name change. Address changes may be made directly on the application form. A new license will not be printed for an address change only unless specifically requested and a \$20 fee submitted with the application.
 - ☐ **Other:** Any other change, please specify the change.
- B. **Business Information (Main Location).** Complete the information requested in this section. If you are changing your business name, enter your former business name in Section "C". If there is a change in business name or address you must immediately notify the Director in writing. If your business is a:
- ☐ **Corporation**, submit a current copy of the "Certificate of Good Standing" which may be obtained from the Secretary of State, Certificate Department, 1500 11th Street, Sacramento, California 95814.
 - ☐ **Limited Liability Company or Limited Liability Partnership**, submit a current copy of the "Certificate of Good Standing" which may be obtained from the Secretary of State, Certificate Department, 1500 11th Street, Sacramento, California 95814.
 - ☐ **Partnership**, submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.
 - ☐ **Individual**, if the business name is different than your surname (last name), submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.
 - ☐ **Non-Profit Association**, if the business is a corporation, submit a current copy of the "Certificate of Good Standing" which may be obtained from the Secretary of State, Certificate Department, 1500 11th Street, Sacramento, California 95814. If the business name is different than your surname (last name), submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.
- C. **Former Business Name.** If your business name has changed, enter the former name in this section of the application.
- D. **Business Officers or Owners.** List the name, title, and mailing address of the business officers and/or owners. If necessary, use an additional sheet of paper. If there is a change in the business ownership or organization, notify the Director immediately in writing. A new application and fee must be submitted for this change.
- E. **Branch Locations.** Complete this section to add a branch location to your business. Enter the business location address for each branch location added. If the branch name is different from the main business name, indicate the branch name and submit a "Fictitious Business Name Statement" which may be obtained from the county clerk's office.
- F. **Qualified Person.** Each principal and branch office must have a qualified person who possesses a valid Pest Control Dealer Designated Agent License, Agricultural Pest Control Adviser License, Qualified Applicator License, or Pest Control Aircraft Certificate. The qualified person is responsible for the operations of the pest control business. Use an additional sheet of paper if necessary. If there is a change in the qualified person for the business, notify the Director immediately. There is no fee required for this change.
- G. **Pest Control Dealer Type.** Indicate the type of pesticides the business will be selling. Check all that apply.
- H. **Worker's Compensation Insurance.** Each applicant who is an employer as defined in Section 3300 of the Labor Code is required to carry worker's compensation insurance. If applicable, enter the name of the worker's compensation insurance carrier, the policy number, and the policy expiration date.

PEST CONTROL DEALER LICENSE APPLICATION INSTRUCTIONS

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I. Fees. All fees are non-transferable and non-refundable.

	<u>One-Year*</u>	<u>Two-Year*</u>
Main Location:	\$160	\$320
Branch Location:	\$ 80	\$160
Name/Address Change Fee: \$20 (See Note)		
Duplicate/Replacement Fee: \$20 (See Note)		

NOTE: A fee for an address change is only required when the licensee requests a new license be issued (printed and mailed). A maximum fee of \$20 is due for all name/address changes and requests for a duplicate/replacement licenses submitted on a single application.

* The following information and table will assist you in determining the appropriate application fee.

New Application Fee Schedule Example:

<i>Year Submitting Application</i>	<i>License Name</i>	<i>License Expiration Year</i>	<i>Main License Application Fee</i>	<i>Branch License Application Fee</i>
2004	A-L	2004	\$160	\$80
	M-Z	2005	\$320	\$160
2005	A-L	2006	\$320	\$160
	M-Z	2005	\$160	\$80
2006	A-L	2006	\$160	\$80
	M-Z	2007	\$320	\$160

If your business name begins with **A - L**, the expiration date of the business license is on **even-numbered** years.

If your business name begins with **M - Z**, the expiration date of the business license is on **odd-numbered** years.

J. Read Before Signing. Check appropriate box.**K. Declaration/Signature Block.** Sign and date your application. Enclose a check, money order or credit card payable to "Cashier, DPR" and mail to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

Failure to complete or provide the requested information may delay the processing of your application.

LICENSE NO.

STATE OF CALIFORNIA
DEPARTMENT OF PESTICIDE REGULATION



1001 I STREET
SACRAMENTO, CALIFORNIA 95814-2828
(916) 445-4038

PEST CONTROL DEALER LICENSE

THIS LICENSE EXPIRES

= POST THIS LICENSE PROMINENTLY IN PUBLIC VIEW =
THIS LICENSE IS NOT TRANSFERABLE - ANY CHANGE IN OWNERSHIP REQUIRES A NEW LICENSE

Who Needs It?

- Pesticide retailers who sell agricultural use or dual use products to users (FAC section 11407[a])
- Those who sell any method or device for the control of agricultural pests, such as biological control agents, lures, or insect trapping devices (FAC section 11407[b])
- Those who solicit sales of pesticides by making agricultural use recommendations through field representatives or other agents (FAC section 11407[c])
- Those who sell restricted materials to users (FAC section 11407[d])

What's Required to Obtain the License?

- Each principal and branch location must have a person who is responsible for the operation of the dealership and holds a Designated Agent License, Agricultural Pest Control Adviser License, Pest Control Aircraft Pilot Certificate, or a Qualified Applicator License (3CCR section 6560)
- Fictitious Business Name Statement from the County Clerk's Office (FAC section 12103)
- Certificate of Good Standing for companies that are corporations - obtained for a fee from the Secretary of State (FAC section 12103)
- License fee of \$160.00 per year for the principal office and \$80.00 per year for each branch location (FAC section 12103)

Additional Requirements When Licensed!

The Licensee must:

- Retain at the principal place of business, records of purchases, sales, and distributions of pesticides including those of its branch locations for four years (FAC section 12115.3)
- Retain written recommendations for two years (3 CCR section 6562)
- Retain permits for restricted materials for two years (3 CCR section 6568)
- Retain statement of QAL/QAC/Private Applicator Certificate number received from purchaser for two years (3 CCR section 6568)
- Retain Operator Identification Number records for two years (3 CCR section 6568)
- Retain Ground Water Protection Statement for two years (3 CCR section 6570)
- Report quarterly, the assessable sales (FAC section 12115.3)
- Report annually, purchases from other than licensed pest control dealer or registrants
Indicate "California mill assessment was paid" or "California mill assessment of ___ mills (amount established by FAC) was paid" on all sales invoices.

VISA / MASTERCARD TRANSACTION



INSTRUCTIONS:

1. For conducting transactions using VISA or MasterCard only. No other cards are accepted.
2. Complete **ALL** cardholder information.
3. If you have any questions, please call the Licensing and Certification Program at (916) 445-4038.
4. Mail your completed application with this form to the appropriate address below:

Licensees:

ATTN: Cashier
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812-4015

Continuing Education Sponsors:

Cashier
ATTN: CE
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812-4015

5. **DO NOT FAX** this form to DPR

NAME OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)														CHECK ONE <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		TODAY'S DATE	
BANK CARD NUMBER (16 DIGITS)																BANK CARD EXPIRATION DATE	TOTAL AMOUNT OF PAYMENT \$.
																	TELEPHONE NUMBER ()

SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)

FOR PAYMENT OF:

NAME OF LICENSEE OR SPONSOR

MAILING ADDRESS (Street or P.O. Box Number)

(City, State, and ZIP Code)

(DEPARTMENT USE ONLY) - ENTERED ON POS BY:	TODAY'S DATE	DATE MAILED	BY
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California Environmental Protection Agency

Customer Service Survey

Our goal is to provide you with the best possible customer service. Your feedback telling us what is going well and what needs improvement is essential to our success to better serve you. We ask that you take a moment to complete the electronic customer service survey form at www.calepa.ca.gov/Customer/CSForm.asp. To assure that we receive your comments, please select “Department of Pesticide Regulation” and “Division of Pest Mgmt, Environmental Monitoring, Enforcement & Licensing” on the survey form. If you do not have access to the Internet and our electronic Customer Service Survey form, please feel free to write us at:

California Department of Pesticide Regulation
Pest Management and Licensing Branch
P.O. Box 4015
Sacramento, CA 95812-4015

Thank you for your feedback.